



For approximately 40 years, Dr. Martin has been a mental health care provider, through clinical work, research and publishing, teaching, and leadership. He has conducted counseling and psychotherapy in private practice, hospitals, universities, and agencies and provided clinical supervision for numerous individuals who pursued their degrees and, later, their licenses. Currently, he is the Executive Director of The Center for Clinical Training (TCCT) in Nashville, TN.

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**TOPIC ARTICLE**

## **"Self-harm among Adolescents"**

**by Francis A. Martin, Ph.D.**

This brief article discusses the fact that kids intentionally hurt themselves. They cut themselves, more than anything else, but they also burn, scrape, scratch, puncture, hit, bruise, pull scabs to prevent healing, and pull their hair. The most common kind of self-harm is cutting. No one precisely knows how many children—almost all of them being adolescents—harm themselves, but the evidence says that approximately twelve percent (12%) engage in some form of self-harm, but some studies indicate that a majority of adolescents engage in some form of self-harm. Recognizing the importance of self-harm, this article is like a morning cup of coffee. It can help you to wake up but leaves a lot of work to be done. For concerned individuals, waking up is a good beginning.

### **Connection or Not**

Adolescents who feel solidly and positively connected with others seldom engage in self-harm, especially when the others are their parents. This kinds of connection usually appears in the form of parents and children enjoying one another, as they cook together, swim together, play video games together, or share many other kinds of activities.

Similarly, when adolescents have mutually affirming relationships with their peers, they are unlikely to engage in self-harming activities. However, parents and other adults who should give careful and caring attention to their adolescents' peer relationships, because peer relationships may encourage and support self-harming behaviors. For example, a depressed adolescent is likely to affiliate with other depressed adolescents. And, depressed adolescents are more likely than other adolescents to harm themselves. The importance of this is that, just like everyone else, having positive and supportive relationships is crucially important. Given the ordinary storms of life that many adolescents endure, the character of their relationships with their peers takes on added importance and invites parental interest and effort.

Self-harming adolescents feel isolated. This may be truly confusing, because many of them have loving and supportive families. In self-harming situations, the feeling of isolation is often more influential than having a loving and supportive family. Like many other features of being an adolescent, self-harming individuals and almost all other adolescents are trying to find their way through the rapid and sometimes tormenting stages of growing from childhood to adulthood.

### **What is Self-harm and Its Indicators?**

Self-harm refers to the intentional action of imposing harm on one's body. Clearly, not all signs of injury come from self-harm. For example, when an adolescent explains that the painful bruise on his arm resulted from being elbowed during a basketball game, this is usually what it is. So, parents and others need not become

obsessed with every injury that they see, but pay attention to injuries, anyway, particularly when they aren't sure what caused the injury. The injury may not indicate self-harm, but curiosity about the possibility should consider the following likely indicators of self-harm.

- Bloodstains on bedding or clothing
- Finding sharp objects, such as knives, in odd places
- Injuries for which there is not likely a plausible explanation
- Concealment of arms and legs, especially when this appears to be inconsistent with weather or other circumstances
- Expressions of negative thoughts or feelings about one's self
- Signs of depression, hopelessness, or suicide
- Evasive or inconsistent explanations of injuries
- Withdrawal from normal social interaction
- Excessive indifference about interacting with caring others, such as siblings, parents and grandparents

### **Consequences of Self-harm**

Although most adolescents who engage in self-harming activities do not kill themselves, suicide is the severest, most devastating consequence of abusing one's self. Quite apart from specific injuries that may result from self-harm, there are other common consequences. Those who harm themselves

- commonly use their self-harming actions to confirm their negative ways of thinking about themselves, perpetuating low and declining self-esteem
- permit their social skills to decline as they isolate themselves from healthy relationships and deny opportunities for needed support
- run the risk of dealing with infections that can compromise basic bodily functioning, sometimes causing permanent impairments
- often sustain mental-emotional problems that ignited self-harm and makes them worse

### **Why Do They Harm Themselves?**

Most individuals diligently avoid pain. So, why would anyone decide to cause pain to their own body? Allowing for the limitations of preparing a brief article, some of the most common explanations of self-harm include the following ones. The most common cause for self-harming activities is that they are a way to cope with stressful conditions, intense and negative emotions, and difficult and sometimes traumatic experiences. It is a way to release frustrated, pent-up emotions or overcoming emotional numbness or deadness. As one adolescent said, "I feel better. I get relief from it. At least, I know I can feel something."

Another explanation is that self-harm comes from mental-emotional disturbances. These can take many different forms, but usually include some combination of diagnosable problems, such as anxiety, depression, personality disorders, of others.

### **What Should Be Done?**

When self-harming activities are identified or believed to be likely, several different responses may be initiated. The first and most important thoughts and feelings about the self-harming adolescent is that the self-harming activities are usually attempts to cope with internal difficulties. The particular method of coping,

such as cutting one's self is not a good thing, but the attempt to cope with a problem is a good thing. The challenge for parents and caring others is to find ways to join the adolescent in finding ways to cope with difficulties that do not involve self-harm. Here are some additional, possible actions that may be helpful.

Get good information. The volume of good information out there may be overwhelming. So, when such information is sought, only reliable and authoritative sources should be considered. These include well-known institutions, such as the resources listed at the end of this article or books and articles that come from well-informed and authoritative sources. Another good source of information is the adolescent who is self-harming. After all, they know more about what they are doing than anyone else.

Get help. The problem of self-harm is not new. In most communities, experienced experts can be found. Maybe, a good way to begin such a search is to consult with a pediatrician or primary care physician with whom a relationship has already been established. Those who are seeking help should remember that countless adolescents and their families have sought help, including help from psychotherapy, and have overcome the problems that have resulted in self-harming activities. A self-harming child may reject the possibility of receiving professional help. Generally, parents and other caregivers should persist in their efforts to get help for such a child.

Treat yourself with kindness, if you are a parent or other caring adult. Self-care is a positive and useful influence, when helping an adolescent to overcome self-harm. Self-care is a powerful model. Also, by treating yourself with kindness, you are likely to provide a safe relationship for your self-harming adolescent and a safe home environment. Creating dependable and safe relationships is usually a feature of changing from self-harm to healthier ways to cope with problems.

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## Resources

Children's Hospital Colorado (The Pediatric Mental Health Institute.(2025). *Adolescent Self-Harm Assessment and Treatment*. From: <https://www.childrenscolorado.org/doctors-and-departments/departments/psych/mental-health-professional-resources/primary-care-articles/non-suicidal-self-injury-teens/>

HelpGuide.org. (2024). *Cutting and Self-Harm*. From: <https://www.helpguide.org/mental-health/suicide-self-harm/cutting-and-self-harm>

Sweet, M., & Whitlock. (2025). *Information for parents: What you need to know about self-injury*. From: <https://www.selfinjury.bctr.cornell.edu/perch/resources/parenting-2.pdf>

Townsend, M. L., Barr, K. R., Miller, C. E., & Sanzone, G. (2024). *Self-harm and suicidal behaviors in children: perspectives of mental health clinicians*. *Journal of Pediatric Psychology*. 49(8): pp. 571–579, <https://doi.org/10.1093/jpepsy/jsae044>

Virginia Mental Health Access Program. (2024). *How to Help Your Teen Stop Self-Harming*. From: <https://vmap.org/blog/how-to-help-your-teen-stop-self-harming/>

### EMERGENCY

In a crisis call "911" immediately

● If considering self-harm, call "988"

The National Suicide Intervention Lifeline

### SEXUAL MISCONDUCT

To speak to a counselor,

Call (800) 656-4673

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### BULLYING/HAZING, VIOLENCE, ADDICTIONS & SUBSTANCE ABUSE

For helpful resources,

[thebmsproject.org/Safety](http://thebmsproject.org/Safety)

### CHILD ABUSE

To report suspected child abuse,

Call (800) 422-4453

Childhelp National Child Abuse Hotline

It is recommended that incident(s) of serious misconduct be reported to law enforcement.  
Minors should report incidents of misconduct to their parent(s) or guardian(s).